

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS
3 CAPITOL HILL, RM. 101, PROVIDENCE, RI 02908-5097
REPORT OF ADOPTION

INSTRUCTIONS FOR PART I:

Attorney must complete Parts I and II. Items 1-10 should be completed with information about the parent(s) whose names should appear on the new certificate of birth. Information for BOTH parents must be listed unless this is a "single parent" adoption where the new birth certificate will show only one parent's name. **DO NOT USE LIQUID CORRECTION FLUID ON THIS FORM.**

INFORMATION FOR NEW BIRTH CERTIFICATE:

Mother's First Name	Middle Name	Maiden Name	Present Name
1A	1B	1C	1D
Mother's Date of Birth (Mo., Day, Yr.)	Birthplace (State or Foreign Country)		Race
2.	3.	4.	
Mother's Social Security Number	Mother's City or Town AND State of Residence at Time of Child's Birth		
5.	6.		
Father's First Name	Middle Name	Last Name	
7A	7B	7C	
Father's Date of Birth (Mo., Day, Yr.)	Birthplace (State or Foreign Country)		Race
8.	9.	10.	
Father's Social Security Number			
11.			
Present Mailing Address of Adoptive Parents: Street Address, City, State, Zip Code			
12.			
Name of: Attorney, Agency Handling Adoption or Pro Se		Telephone Number	
13.		13A.	
Address of: Attorney, Agency Handling Adoption, or Pro Se			
14.			
15. IF YOU <u>DO NOT</u> WANT A NEW BIRTH CERTIFICATE CREATED, CHECK THIS BOX <input type="checkbox"/>			

INSTRUCTIONS FOR PART II:

Items 16-21 below should list information **as it appears on this child's CURRENT birth certificate.** It will be used to locate and seal the current certificate of birth after this adoption is finalized.

Child's First Name	Middle Name	Last Name	
16A	16B	16C	
Child's Sex	Date of Birth (Mo., Day, Yr.)	Birthplace (City/town, county, and state)	
17.	18.	19.	
Mother's First Name	Middle Name	Maiden Name	Present Name
20A	20B	20C	20D
Father's First Name	Middle Name	Last Name	
21A	21B	21C	
22.	CERTIFICATION OF CLERK OF COURT		
	I hereby certify that the child described in items 16-21 above was adopted by the parent(s) listed in Items 1-12 above on this date (mo/day/yr): _____ and, as set forth in the decree of adoption made on that date in Family Court Case Number _____, the child shall now bear the name of:		
(FIRST NAME)			
(MIDDLE NAME)			
(LAST NAME)			
23. _____		24. _____	
(SIGNATURE OF RI FAMILY COURT CLERK)		(DATE OF SIGNATURE)	
25. Court Clerk in and for the County of _____, Rhode Island			

INSTRUCTIONS for Item 22:

The Clerk of the Court should complete this item, affix the seal of the court, and forward form to:

Division of Vital Records
3 Capitol Hill, Rm. 101
Providence, RI 02908-5097

NOTE: If this adopted child was born in another state or US territory, the RI state registrar shall forward this report to the state registrar or other appropriate official at the place of birth.

FEES Required by Law:

There is a fee of \$15.00 for processing the adoption and creating the new birth certificate. Make check payable to “General Treasurer, State of Rhode Island” and send to the Division of Vital Records.

Certified copies of the new birth record will be issued to the parent(s) or the attorney **after** the processing fee is paid **and** a request for a certified copy is made. The fee for one certified copy of a birth record is \$20.00. Additional certified copies of the same birth record issued at the same time are \$15.00 each. Applications and information for obtaining certified copies of vital events can be found on our web site.
www.health.ri.gov